NRC FORM 241 (7-1999)	U.S. NUCLEAR REGI	Estimated burd request: 15 mini	APPROVED BY OMB: NO. 3150-0013 Estimated burden per response to comply with this mandatory collection request: 15 minutes. This notification is required so that NRC may schedule inspection of the activities to ensure that they are conducted in accordance with requirements for protection of the public health and safety. Send								
REPORT OF	F PROPOSED ACTI	comments rega	comments regarding burden estimate to the Records Management Branch (T-6 E6), U.S. Nuclear Regulatory Commission, Washington, DC 20555-0001, or by internet e-mail to bjst@nrc.gov, and to the Desk Officer, Office of Information and Regulatory Affairs, NEOB-10202, (3150-0013), Office of Management and Budgel, Washington, DC 20503. If a meens used to Impose an Information collection does not display a currently valid OMB								
	T STATES, AREAS	or by internet e									
FEDERAL JURISI	DICTION, OR OFFSI	S Management a Impose an Info									
(Please read the i	nstructions before comple	control number.	control number. the NRC may not conduct or sponsor, and a person is not required to respond to, the information collection.								
NAME OF LICENSEE (Person or firm proposing to conduct the activities described below) CIS-US, Inc.					2. TYPE OF REPORT						
ACDRESS OF LICENSEE (Mailing address or other location where licensee may be located)					☐ INITIAL ☐ REVISION 🔀 CLARIFICATION						
3. ADDRESS OF LICENSEE (Mailin	g addrass or other location where licen	4. LICENSEE CO	4. LICENSEE CONTACT AND TITLE								
10 DeAngelo Drive					Paul M. Tyree, Radiation Safety Officer						
Bedford, Massachu		5. TELEPHONE	6. FACSIMILE NUMBER (Include 1275.9151								
7. ACTIVITIES TO BE CONDUCTED UNDER THE GENERAL LICENSE GIVEN IN 10 CFR 150.20											
WELL LOGGING LEAK TESTING AND/OR CALIBRATIONS TELETHERAPY/IRRADIATOR SERVICE											
PORTABLE GAUGES	S OTHER (Specify)) []			· · · · · · · · · · · · · · · · · · ·						
RADIOGRAPHY	REGISTERED AS USER O	F PACKAGIN	NG IČERTIFICA	ATES OF COMPLIANCE	NUMBERS1						
S. CLIENT NAME, ADDRESS, CITYA	COUNTY, STATE, ZIP CODE		9. ACTUAL F	HYSICAL ADDRESS OF	WORK LOCATION						
Oakwood Hospital &	Medical Center			wood Hospita		an addrass or diractions as nossible t Center					
18101 Oakwood Blvo			181	01 Oakwood E	3lvd.						
Dearborn, Michigan			Dea	Dearborn, Michigan 48123							
Contact: Kristine Mu	ırphy, Transfusion Sei	rvices		10. CLIENT TELEPHONE NUMBER 11. WORK LOCATION TELEPHONE NUMBER							
				Area Code) , 593.5899	(Include	Area Code) 313.593.5899					
12. OATES SCHEDULED		13. NUMBER OF WORK DAYS		14. ADD	15. DELETE	16. LOCATION REFERENCE NUMBER					
FRÓM	το					NUMBER TO BE					
05-Nov-02	05-Nov-02		1	0	. 0	00/006					
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(livelude description of type and	WHICH WILL BE POSSESSED, USED, I quantity of radionalive melerial, seal	led sources,	or devices to	be used.)							
Scheduled and	nual PM service of Mo x Model CSL-15 Cs-										
<u></u>	X Model C2F-12 C2-	-191 80	urces, n	ne 1670 Ci ea.	on Feb-96	_					
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ARDVIE FI-DIT CODING OF THE SO	acific license must accompany the le			PLETED BY APPL		Al 30-Sep-07					
I, THE UNDERSIGNED, HEREBY CER	RTIFY THAT:	, ,			,						
b. I have read and underst	eport is true and complete. land the provision of the general (license 10 C	CFR 150,20 re	printed on the Instru	clions of this form	and I understand that I am					
b. I have read and understand the provision of the general license 10 CFR 150.20 reprinted on the instructions of this form; and I understand that I am required to comply with these provisions as to all byproduct, source, or special nuclear material which I possess and use in non-Agreement States or offshore waters under the general license for which this report is filed with the U.S. Nuclear Regulatory Commission.											
c. I understand that activition calendar year. With the	exception of work conducted in	off-shore v	greement Sta vaters, which	tes under general lic is authorized for an	ense 10 CFR 150.20 unlimited period o	are limited to a total of 190 days in I time in the calendar year.					
calendar yoar. With the exception of work conducted in off-shore waters, which is authorized for an unlimited period of time in the calendar year. d. I understand that I may be inspected by NRC at the above listed work sile locations and at the Licensee home office address for activities performed in non-Agreement States or offshore waters.											
or without NRC authoriz	zation, may subject me to enforce	mont actio	luding condu n, including	ct of activities on da	tes or locations dif Itles,	ferent from those described above					
	nagoment Representative (Name and T. Corporate RSO	Tile) SIGNA	TURE /	ud 1 Le	_	31-Oct-02					
WARNING: False statements in this certificate may be subject to civil and/or criminal penalties. NRC regulations require that submissions to the NRC be complete and accurate in all material respects. 18 U.S.C. Section 1001 makes it a criminal offense to make a willfully false statement or representation to any department or agency of the United States as to any matter within its jurisdiction.											
FOR NRC REVIEWING CFF	TO any department or agency FIGIAL (Typed/Printed Name and Title)	7	TURE M	s as to any matter	DATE/	TOTAL USAGE - DAYS TO DATE					
NEC FORM 241 (7-1909)		DINITERVAN	DECYCLED B	/ PLACE	10/31/0	2 /4					

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NRC FORM 241 (7-1999)	U.S. NUCLEAR REC	■ F stimated hur	APPROVED BY OMB: NO. 3150-0013 EXPIRES: 07/31/200; Estimated burden per response to comply with this mandatory collection						
		request: 15 ml	request: 15 inhutes. This notification is required so that NRC may schedule inspection of the activities in ensure that they are scale used.						
REPORT O	with requirem comments reg	inspection of the activities to ensure that they are conducted in accordance with requirements for protection of the public health and safety. Sencionments regarding burden estimate to the Records Management Brancl (T-6 E6), U.S. Nuclear Regulatory Commission, Washington, DC 20555-0001 or by internet e-mail to bjet@nrc.gov, and to the Desk Officer, Office of Information and Regulatory Affairs, NEOB-10202, (3150-0013), Office of Management and Budget, Washington, DC 20503. If a means used to impose an information collection does not display a currently valid OMS.							
NON-AGREEMEN	(T-6 E6), U.S. I or by internet	(T-6 E6), U.S. Nuclear Regulatory Commission, Washington, DC 20555-0001, or by internet e-mail to bis1@nrc.gov, and to the Desk Officer, Office of							
FEDERAL JURIS	Information an Management	Information and Regulatory Affairs, NEOB-10202, (3150-0013), Office of Management and Budget, Washington, DC 20503. If a means used to							
(Flease read the	control numbe	Impose an information collection does not display a currently valid OMB control number. The NRC may not conduct or sponsor, and a person is not required to respond to, the information collection.							
NAME OF LICENSEE (Person or firm proposing to conduct the activities described below) CIS-US, Inc.					2. TYPE OF REPORT				
·				ITINI 🗌	☐ INITIAL ☐ REVISION 🗶 CLARIFICATION				
3. ADDRESS OF LICENSEE (Mailing address or other location where licensee may be located)					ONTACT AND	TITLE			
10 DeAngelo Drive					Benjar T. D. H. C.				
Bedford, Massachusetts 01730					Paul M. Tyree, Radiation Safety Officer				
				5. TELEPHONE NUMBER (Include Area Code) 781.275.7120			6. FACS'MILE NUMBER (Include Area Code) 781 275 9151		
781.275.7120 x3020 781.275.9151 7. ACTIVITIES TO BE CONDUCTED UNDER THE GENERAL LICENSE GIVEN IN 10 CFR 150.20									
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6 CLIENT NAME, ADDRESS, CITY	COUNTY, STATE, ZIP CODE								
			9. ACTUAL PHY //Street and A	SICAL ADDRESS OF Imher or other locali	WORK LOCA	TION maleiran	addrass or directions as nossible i		
Saint Lukes Hospita	I Blood Bank		Saint Lukes Hospital Blood Bank						
Wornall Road at W 4 Kansas City, Missou				II Road at \)		
Contact: Karen Thor			Kans	s City, Miss	ouri 64	111			
Contact (tales (sign	iihaoii		10. CLIENT TEI	EPHONE NUMBER	ode) (I)		JORK LOCATION TELEPHONE NUMBER Include Ares Code) 816.932.2412		
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CIS-US, Inc.



RECIPROCITY FAX TRANSMITTAL

DATE: 31-Oct-02

FAXED TO #: 610.337.5269

THIS IS PAGE 01 OF 03

ATT: Sheryl Villar, Reciprocity Request

U.S. Nuclear Regulatory Commission, Region I

475 Allendale Road

King of Prussia, PA 19406

We transmit hereunder [2] NRC Form 241 CLARIFICATION REPORT(S) at least 3 days prior to scheduled activities.

Clean copies of these Form 241 REPORT(S) will be FedEx'd P-1 to your attention this date.

Thank you for assisting us to obtain irradiator field service reciprocity in USNRC jurisdictions. Please contact me immediately if CIS-US needs to do anything further at this time.

Paul M. Tyree

Radiation Safety Officer

X3020, ptyree@cisusinc.com